

**TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT**

**INSTRUCTION:** Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

**NOTE:** Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds:	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count		Bed Count				Room Count		Bed Count		
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity	
		7/1/2014											
ACUTE CARE							ACUTE CARE						
General Medical/Surgical*					0	0	General Medical/Surgical*				0	0	
	2/100	16	9	7	16	23		2/100	0	0	0	0	
	2/200	16	16	0	16	16		2/200	16	0	16	16	
	2/400	20	20	0	20	20		2/400	20	0	20	20	
	4/300	32	2	15	17	32		4/300	17	0	17	17	
	4/400	30	6	12	18	30		4/400	18	0	18	18	
	6/300	26	10	8	18	26		6/300	18	0	18	18	
	6/400	8	6	1	7	8		6/400	17	0	17	17	
								3/500	24	0	24	24	
								3/600	30	0	30	30	
					0	0					0	0	
SUBTOTAL Gen. Med/Surg*		148	69	43	112	155	SUBTOTAL Gen. Med/Surg*		160	0	160	160	
ICU	3/100	12	12	0	12	12	ICU	3/100	12	0	12	12	
ICU	3/300	12	12	0	12	12	ICU	3/300	12	0	12	12	
CCU	3/200	18	16	2	18	20	CCU	3/200	18	0	18	18	
SUBTOTAL ICU/CCU		42	40	2	42	44	SUBTOTAL ICU/CCU		42	0	42	42	
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)		0	0	0	0	
TOTAL MSGA		190	109	45	154	199	TOTAL MSGA		202	0	202	202	
Obstetrics		0			0	0	Obstetrics		0	0	0	0	
Pediatrics		6	2	1	3	4	Pediatrics		3	0	3	3	
Psychiatric		24	0	12	12	24	Psychiatric		0	12	12	24	
TOTAL ACUTE		220	111	58	169	227	TOTAL ACUTE		205	12	217	229	
NON-ACUTE CARE							NON-ACUTE CARE						
Dedicated Observation**		0	0	10	10	20	Dedicated Observation**	2/100	9	7	16	23	
Rehabilitation					0	0	Rehabilitation				0	0	
Comprehensive Care					0	0	Comprehensive Care				0	0	
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0	
TOTAL NON-ACUTE		0	0	10	10	20	TOTAL NON-ACUTE		9	7	16	23	
HOSPITAL TOTAL		220	111	68	179	247	HOSPITAL TOTAL		214	19	233	252	

Notes

15 Semi-Private rooms will be used as Private rooms  
12 Semi-Private rooms will be used as Private rooms  
8 Semi-Private rooms will be used as Private rooms  
11 Semi-Private rooms will be used as Private rooms  
2 Semi-Private rooms will be used as Private rooms  
1 Semi-Private room will be used as Private rooms

\* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

\*\* Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.